



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of )

PETERS et al. )

Application Number: 10/820,695 )

Filed: April 9, 2004 )

For: PROCESS AND APPARATUS FOR REMOVING )  
OF RESIDUES FROM THE )  
MICROSTRUCTURE AN OBJECT )

Attorney Docket No. AIRP.0001 )

Art Unit 1751

Examiner Gregory R. Delcotto

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

[x] The fee for submission of claims is calculated as shown below:

| FOR   | TOTAL WITH<br>NEW CLAIMS<br>ADDED | TOTAL<br>CURRENTLY ON<br>FILE | CLAIMS<br>ALREADY<br>PAID | RATE    | CALCULATION |
|---|-----------------------------------|-------------------------------|---------------------------|---------|-------------|
| Total Claims  | 15                                | 17                            | XXX<br>(Over 20)          | x \$50  | 0           |
| Independent<br>Claims   | 5                                 | 5                             | 2<br>(Over 3)             | x \$200 | 0           |
| MULTIPLE<br>DEPENDENT<br>CLAIM(S)   |                                   |                               |                           | + \$360 | 0           |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). |                                   |                               |                           | x ½     |             |
|   |                                   |                               |                           | TOTAL   | 0.00        |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[ x ] Response to Office Action  
(with Claim Amendments)

[ ] Substitute Specification

[ ] Preliminary Amendment

[ ] Information Disclosure Statement

[ x ] Petition for Extension of Time (3 months)

[ ] Terminal Disclaimer

[ ] Letter to Draftsperson w/\_\_\_ sheets of  
replacement drawings

[ x ] Notice of Appeal

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] Checks in the amount of **\$1,020.00** to cover the three-month extension fee and **\$500.00** to cover the Notice of Appeal fee are enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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